GEORGIA DEPARTMENT OF COMMUNITY HEALTH

OPTUMRx

Proton Pump Inhibitor (PPI) Prior Authorization Form
Fee-for-Service Medicaid/PeachCare for Kids
PHONE #: 866-525-5827
FAX #: 888-491-9742

Note: If the following information is NOT filled in completely, correctly, or legibly, the PA process **can** be delayed. **(One form per member please)**

MEMBER Last Name	**MEMBER First Name**
MEMBER ID number	**MEMBER Date of Birth** -- --
PRESCRIBER Last Name	**PRESCRIBER First Name**
PRESCRIBER NPI#	
PRESCRIBER Phone	**PRESCRIBER Fax**
PRESCRIBER Address	

Medication Requested _____ **Strength** _____

Directions _____ **Dosage Form** _____

Duration of Therapy Requested _____ **Compound Y N** **G-tube Y N**

Diagnosis/Indication – Please do not include documentation that is not requested on this form.

Please circle which diagnosis/indication that applies to member:

- **a.** Barrett's Esophagus
- **b.** Peptic Ulcer Disease (PUD)/ Duodenal ulcer/ Gastric ulcer
- **c.** Erosive Esophagitis
- **d.** Gastroesophageal reflux disease (GERD) without complications
- **e.** GERD with complications- please specify:_____
- **f.** H. Pylori
- **g.** Zollinger Ellison (ZE) Syndrome
- **h.** Pancreatitis
- **i.** Cerebral Palsy
- **j.** Cancer
- **k.** Crohn's Disease
- **l.** Cystic Fibrosis
- **m.** Multiple endocrine adenomas
- **n.** Systemic mastocytosis
- **o.** Patient was recently discharged from the hospital (within the last 60 days) for an upper GI bleed, hemorrhage, perforation, or obstruction and was already started on PPI therapy in the hospital
- **p.** Gastric Bypass Surgery
- **q.** Premature infant with GERD and feeding difficulties

Please specify other diagnosis/complicated disease state:

H2 receptor antagonist use history:

Drug_____**Strength**_____**Directions** _____

Dates used: from_____ **to** _____**Failed due to:** _____

Drug_____**Strength**_____**Directions** _____

Dates used: from_____ **to** _____**Failed due to:** _____

Physician Signature: _____

Contact Person _____

OptumRx will provide a response within 1 business day upon receipt.